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FORM PTO-1083

Attorney Docket No.: 101.0084-00000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/457,228

Filed: December 8, 1999

For: SPINAL IMPLANT SURFACE  
CONFIGURATION

Art Unit: 3738

Examiner: B. Snow

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a reply to the Office Action dated January 9, 2002 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a one-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	233	-	202	31	LG=\$18 SM=\$9	\$18 \$ 558.00
INDEPENDENT CLAIMS FEE	6	-	7	0	LG=\$84 SM=\$42	\$84 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 666.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the amount of \$558.00 to cover the additional claims is to be charged to Deposit Account No. 50-1066.
- ☒ A fee in the amount of \$110.00 to cover the one-month extension of time is to be charged to Deposit Account No. 50-1066.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
MARTIN & FERRARO, LLP

Date: May 9, 2002

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**FACSIMILE TRANSMITTAL**

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**TO:**

**Name:** Examiner B. Snow  
**Firm:** U.S. Patent & Trademark Office  
**Fax No.:** 703-872-9302  
**Subject:** U.S. Patent Application  
No. 09/457,228  
**Filed:** December 8, 1999  
**SPINAL IMPLANT SURFACE  
CONFIGURATION**  
**Attorney Docket No.** 101.0084-00000  
**Customer No.** 22882

**FROM:**

**Name:** Thomas H. Martin, Esq.  
**Phone No.:** 703-818-3261  
**No. of Pages (including this):** 16  
**Date:** May 9, 2002  
**Confirmation Copy to Follow:** No

**FAX RECEIVED**

**MAY 09 2002**

**GROUP 3700**

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**Message:**

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$558 additional claims fee and \$110 one-month extension fee charged to Deposit Account No. 50-1066) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on May 9, 2002.



Sandra L. Blackmon

If there is a problem with this transmission please call Sandy Blackmon at 703-818-3219 or the sender at the number above.

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